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Advancement of women

Traditional or customary practices affecting the health of women

Report of the Secretary-General

Contents

		Paragraphs	Page
I.	Introduction	1–4	2
II.	Measures taken at the national and regional levels	5–15	2
III.	Measures taken within the United Nations system	16–36	3
	A. General Assembly	16	3
	B. Commission on the Status of Women	17	3
	C. Commission on Human Rights	18–26	4
	D. Human rights treaty bodies	27–31	5
	E. Regional commissions	32	6
	F. Specialized agencies, funds and programmes	33–36	6
IV.	Conclusion	37–39	6

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I. Introduction

1. In its resolution 53/117 of 9 December 1998, on traditional or customary practices affecting the health of women and girls, the General Assembly recalled relevant previous resolutions and decisions and those of other intergovernmental bodies of the United Nations and the pronouncements of various United Nations global conferences with respect to traditional or customary practices affecting the health of women and girls, and called on States to ratify human rights treaties and to report to the committees established under those instruments on measures taken to eliminate such practices. It also reaffirmed the obligations contained in United Nations human rights instruments and asserted that such practices constituted "a definite form of violence against women and girls and a serious form of violation of their human rights", expressing concern at "the continuing large-scale existence of such practices".

2. Welcoming the efforts undertaken by United Nations bodies, programmes and organizations, including those of the Special Ambassador for the Elimination of Female Genital Mutilation of the United Nations Population Fund (UNFPA), the General Assembly made several recommendations for action directed at Member States, intergovernmental bodies, specialized agencies, United Nations bodies, United Nations human rights treaty bodies and non-governmental organizations.

3. In resolution 53/117 the Assembly requested the Secretary-General to report to it at its fifty-fourth session on the implementation of the resolution, with a special focus on national and international developments. The present report is submitted in accordance with that request and is based, *inter alia*, on information contained in replies to a request of the Secretary-General for information on the issue received from Member States, specialized agencies and other United Nations entities as well as civil society organizations.[1]

4. Traditional or customary practices affecting the health of women and girls will also be considered in the context of review and appraisal of the implementation of the Beijing Declaration and the Platform for Action of the Fourth World Conference on Women [2] during the special session of the General Assembly, Women 2000: Gender Equality, Development and Peace for the Twenty-first Century, in June 2000.

II. Measures taken at the national and regional levels

5. As at 25 August 1999, 22 Member States had responded to the Secretary-General's request for information on the implementation of General Assembly resolution 53/117.

Legal measures

6. Several Member States described criminal provisions that addressed bodily injury, noting that they were also applicable to some harmful traditional practices, such as female genital mutilation. Spain reported that its criminal law prohibited any kind of harm to the integrity of another's body, while Ecuador reported on its law prohibiting any physical, sexual and psychological violence against women.

7. Several Member States reported on law reforms which were specifically directed at harmful traditional practices. The United Republic of Tanzania described recent legislation which criminalized female genital mutilation and established penalties, including fines and imprisonment. Currently 10 countries where female genital mutilation is practised widely[3] have enacted laws to criminalize the practice. Several States, including Canada, with immigrant or refugee populations that practise female genital mutilation, reported that they had enacted legislation to prohibit it.

8. Some Member States reported on legal measures to address harmful traditional practices other than female genital mutilation. Belize reported that legislative bills to increase the customary and legal age of marriage for girls from minority populations had been introduced. Ghana reported on an amendment to its Criminal Code which criminalized customary or ritual enslavement of any kind. That legislation criminalized, *inter alia*, the practice of *trokosi*, whereby families gave virgin girls to priests as appeasement for past crimes committed by family members.

Policy measures

9. Several Member States described policy measures aimed at eliminating harmful traditional or customary practices. The Democratic Republic of the Congo reported on an action plan, under preparation, to eliminate female genital mutilation. The Philippines indicated that it would introduce a nationwide monitoring mechanism, with research and advocacy capacity, to eliminate harmful traditional practices, many of which might not be known to the Government.

10. The Netherlands, where harmful traditional or customary practices are practised by immigrant groups, reported on guidelines targeted at individuals who might be confronted with reports of proposed or completed female genital mutilation of girls.

11. Canada, Denmark and the Netherlands reported on guidelines or modules aimed at eradicating such practices which formed part of their bilateral development assistance and international cooperation efforts. Denmark also noted that the action included support for local non-governmental organizations working to prevent such practices.

Capacity-building

12. Denmark, El Salvador, Georgia, the Philippines, Syrian Arab Republic and the United Republic of Tanzania provided information on awareness-raising campaigns and human rights education programmes aimed at eliminating violence against women and achieving gender equality. Several countries — particularly those with laws that prohibit female genital mutilation — also reported on education or outreach programmes which they had funded or executed.

13. Specific measures to increase the capacity of community members to eliminate harmful traditional practices were reported by Canada and Denmark. Canada noted that an immigrant women's community group had been funded to engage in outreach and awareness-raising and sensitization campaigns on the issue of female genital mutilation for women and girls from the communities in which female genital mutilation was practised. Health professionals and other service providers who came in contact with the women and girls were also funded.

14. Denmark and the Netherlands reported on efforts to eliminate female genital mutilation in refugee and immigrant communities. Denmark reported on information campaigns directed at refugee families, comprising printed material, video films, meetings and support for local groups. An important part of the campaign, which would be evaluated during 1999, had been the integration of affected immigrant groups in the formulation and execution of preventive action. Canada reported on a project to determine the information needs of health care providers serving women and children who had been subjected to female genital mutilation and to a "best methods" approach for information dissemination.

15. Turkey reported on its intention to initiate public education campaigns, to be carried out in coordination with non-governmental organizations, on honour killings.

III. Measures taken within the United Nations system

A. General Assembly

16. The special session of the General Assembly for the review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development[4] (30 June-2 July 1999) adopted key actions for further implementation of the Programme of Action,[5] which recommended, *inter alia*, that "Governments should promote and protect the human rights of the girl child and young women, which include economic and social rights as well as freedom from coercion, discrimination and violence, including harmful practices and sexual exploitation".[6] It also recommended that Governments review all legislation with a view to amending and revoking that which discriminates against girl children and young women and take firm measures to eliminate "harmful and discriminatory attitudes, including son preference, which can result in harmful and unethical practices such as prenatal sex selection, discrimination and violence against the girl child and all forms of violence against women, including female genital mutilation, rape, incest, trafficking, sexual violence and exploitation."[7] Training health care providers to serve clients who have been subjected to harmful practices, such as female genital mutilation, and promoting men's understanding of their roles and responsibilities with regard to promoting the elimination of harmful practices, such as female genital mutilation, were also called for.

B. Commission on the Status of Women

17. The Commission on the Status of Women at its forty-third session in 1999 adopted agreed conclusions on women and health.[8] The agreed conclusions recommended that Governments, the United Nations system and civil society take appropriate action to eradicate the practice of female genital mutilation, and other harmful traditional and customary practices affecting the health of women and girls. The agreed conclusions recognized that such practices constitute a definite form of violence against women and girls and a serious form of violation of their human rights. Development of appropriate policies and enactment and/or reinforcement of legislation, appropriate education and advocacy tools, and adoption of legislation outlawing their practice by medical personnel were recommended. The agreed conclusions also recommended that all necessary measures be taken to prevent all harmful practices, including

early marriages, forced marriages and threats to women's right to life.

C. Commission on Human Rights

18. At its fifty-fifth session, the Commission on Human Rights adopted several decisions and resolutions which refer to harmful traditional practices. In its resolution 1999/42, on the elimination of violence against women, the Commission strongly condemned female genital mutilation and other traditional practices harmful to women, since they constituted a definite form of violence against them and a serious violation of their human rights. States were called upon to condemn violence against women and not invoke custom, tradition or practices in the name of religion to avoid their obligations to eliminate such violence.[9]

19. Female infanticide was addressed in the Commission's resolution 1999/80, on the rights of the child, with States being called upon to eliminate the root causes of son preference which resulted in harmful and unethical practices, and to eradicate traditional or customary practices, particularly female genital mutilation, that were harmful to women and girls and that violated their human rights. In resolution 1999/81, the Commission also decided to approve the recommendation of the Sub-Commission on Prevention of Discrimination and Protection of Minorities that the mandate of the Special Rapporteur on traditional practices affecting the health of women and the girl child be extended in order to ensure the completion of her task.

Sub-Commission on the Promotion and Protection of Human Rights[10]

20. At its fifty-first session, the Sub-Commission on the Promotion and Protection of Human Rights discussed traditional practices affecting the health of women and the girl child, and the report of the Special Rapporteur on traditional practices affecting the health of women and the girl child.[11] The Subcommission appealed to all States concerned to intensify efforts to develop awareness of and mobilize national public opinion concerning the harmful effects of female genital mutilation, in particular through education, information and training, in order to achieve its total elimination. It also requested all non-governmental organizations dealing with women's issues to devote some of their activities to the study of the various harmful traditional practices and ways of eradicating them and appealed to the international community to provide material, technical and financial support to non-governmental organizations and groups working to achieve the total elimination of such practices.

Special Rapporteur on traditional practices affecting the health of women and the girl child

21. The third report of the Special Rapporteur provided a survey of the subject and a summary of action taken nationally and internationally to combat harmful traditional practices.[12]

22. The report highlighted the Ouagadougou Declaration adopted by parliamentarians, government Ministers, and members of the Inter-African Committee (IAC) on Traditional Practices Affecting the Health of Women and Children at a workshop for members of the West African Economic and Monetary Union (UEMOA) held in Ouagadougou, Burkina Faso, in May 1999.[13] The Declaration called for the adoption of national legislation condemning female genital mutilation, ratification of relevant human rights treaties; the creation of national networks of religious and customary leaders and of traditional and modern communicators with a view to setting up subregional networks; the establishment of a mechanism of collaboration with and support to IAC national committees through groups such as parliamentarians, jurists, media personnel, police forces and health professionals; the establishment of special services to control the migratory flow of circumcisers; and the creation of a subregional follow-up mechanism in collaboration with IAC national committees within the UEMOA region.

23. The Special Rapporteur warned against the dangers of "demonizing cultures under cover of condemning practices harmful to women and the girl child"[14] and called on countries with large immigrant populations to introduce programmes to combat traditional practices in accordance with their national laws, but always with due respect for the cultural values of those populations and without denigrating their cultures. She noted the increase in the numbers of individuals and non-governmental organizations that had addressed the issue of harmful traditional practices, particularly in regard to consciousness-raising, information, training and providing material and financial assistance.[15]

The Special Rapporteur on violence against women, its causes and consequences

24. The Special Rapporteur on violence against women submitted a report on policies and practices that affect women's reproductive rights and contribute to, cause or constitute violence against women to the Commission on Human Rights at its fifty-fifth session.[16] The report notes

that some practices that violated women's reproductive rights resulted from an attempt by patriarchal power structures to control women's sexual and reproductive capacities. In her analysis, cultural practices such as female genital mutilation, child marriages and early child-bearing, sex-selective abortion/female infanticide were a consequence of son preference and the lack of measures to redress the situation. The Special Rapporteur indicated that those practices constituted violence against women and violated women's human rights, and recalled that the Convention on the Elimination of All Forms of Discrimination against Women,[17] the Convention of the Rights of the Child,[18] the Declaration on the Elimination of Violence against Women,[19] and the Beijing Declaration and Platform for Action[2] all required States to refrain from invoking any custom, tradition, or religious consideration to justify cultural practices that constituted violence against women and violations of women's reproductive health.

25. On 17 February 1999, the Special Rapporteur on violence against women issued a joint statement with the Special Rapporteur on traditional practices affecting the health of women and girl children with regard to the decision of a French court to sentence a woman convicted of excising 50 girls to eight years imprisonment. The statement indicated that female genital mutilation was considered by a number of societies to be an initiation rite which allowed the girl child to integrate into the community and stressed the importance of training, information and education as effective means to combat harmful traditional practices and noted that judicial decisions should be a last recourse in that context.

Special Rapporteur on the situation of human rights in Somalia

26. In her report to the Commission on Human Rights at its fifty-fifth session, the Special Rapporteur on the situation of human rights in Somalia reported that more than 95 per cent of Somali women underwent female genital mutilation. She noted that it seemed that younger women were more hesitant about the practice, while the older generation of women often supported the practice more than men.

D. Human rights treaty bodies

27. The Committee on the Elimination of Discrimination against Women, at its twentieth session in 1999, adopted general recommendation 24 on article 12 of the Convention: women and health. General recommendation 24 emphasized that some cultural or traditional practices such as female genital mutilation carried a high risk of death and disability, and recommended that States parties should ensure the enactment and effective enforcement of laws that prohibited female genital mutilation and the marriage of girl children.[20]

28. The Committee on the Elimination of Discrimination against Women, the Committee on the Rights of the Child and the Human Rights Committee considered harmful traditional and customary practices in their review of States parties' reports. At its twentieth session, the Committee on the Elimination of Discrimination against Women expressed concern at the growing disparity in the male/female sex ratio at birth in China and its relationship to the country's discriminatory tradition of son preference.[21] At its twenty-first session, the Committee's concluding comments on the initial report of Nepal expressed concern that traditional customs and practices detrimental to women and girls, such as child marriage, dowry, polygamy, *deuki* (a tradition of dedicating girls to a god or goddess, who became "temple prostitutes, which persisted, despite the prohibition of the practice by the Children's Act), *badi* (the ethnic practice of forcing young girls to become prostitutes) and discriminatory practices that derived from the caste system were still prevalent.[22]

29. At its twenty-first session, the Committee on the Rights of the Child expressed its concern at the persistent practice of female genital mutilation in Benin, Chad, Guinea and Yemen. Early and forced marriages were also raised as issues of concern with regard to Benin.

30. At its sixty-fifth session, in its concluding comments on the initial report of Lesotho, the Human Rights Committee expressed concern about the practice of female genital mutilation which continued to exist in parts of the country. At the same session, in its concluding observations on the third periodic report of the United Republic of Tanzania, the Committee welcomed the recent changes in the law which criminalized female genital mutilation.

31. The recommendations of each of these human rights treaty bodies with regard to the elimination of harmful traditional and customary practices included implementation of policy and punitive measures, coordination with civil society, including women's groups, organization of awareness-raising campaigns and sensitization, and education programmes.

E. Regional commissions

32. The Economic Commission for Latin America and the Caribbean (ECLAC), recognizing the need to adopt an integral and intersectoral approach in gender mainstreaming efforts, reported that it planned to address gender problems related to health matters during the forthcoming Latin American and Caribbean Symposium on Older Persons which would be held in Santiago, Chile, from 8 to 10 September 1999, organized by the Latin America and the Caribbean Demographic Centre (CELADE), and sponsored by UNFPA and the Pan-American Health Organization (PAHO). ECLAC's Women and Development Unit had organized a course on gender and health at the Universidad de Chile in September 1998.

F. Specialized agencies, funds and programmes

UNICEF

33. UNICEF had identified female genital mutilation as one of its programme priorities for 1998-2000 in countries where the practice was prevalent. At the global level, its main focus has been advocacy, programme guidance and resource mobilizations, often through collaboration with UNFPA and the World Health Organization (WHO). UNICEF works closely with international and national non-governmental organizations and local women's groups to develop and implement community-based initiatives for the elimination of female genital mutilation.

UNFPA

34. UNFPA continued to address harmful traditional practices such as female genital mutilation and early marriage because of their impact on women's reproductive and sexual health and as violations of women's fundamental human rights. During the reporting period, UNFPA continued to support information and education campaigns for parents, teachers and community leaders, including religious leaders, and advocacy efforts to sensitize policy makers, parliamentarians and other decision makers.

WHO

35. During 1998, WHO published "Female genital mutilation: an overview" to assist government agencies and non-governmental organizations working to eliminate female genital mutilation. A systematic review of research on the health complications of female genital mutilation, with a narrative sequelae in childbirth, was also published in 1999, as was a framework for the collection and analysis of primary data on the socio-economic and cultural aspects of female genital mutilation.

36. WHO continued to support African Governments to develop national policies and plans of action on female genital mutilation. Other activities of WHO included a two-day study conference organized with the European Committee of the Regions (European Union) and the city of Goteberg, Sweden, which adopted the Goteberg Declaration on female genital mutilation in 1998.

IV. Conclusion

37. Replies received from Member States indicated that traditional and customary practices affecting the health of women and girls, in particular female genital mutilation, continued to be the subject of national action. During the reporting period, several States introduced specific legal measures aimed at the eradication of such practices. Education and public awareness-raising campaigns had been launched or were being continued and their impact assessed. Several States indicated that research initiatives to determine the extent and effect of such practices had also been established or continued. Important regional initiatives, including the Ouagadougou Declaration, had also been taken, indicating the increase in political will to address such practices. Similarly, the Organization of African Unity First Ministerial Conference on Human Rights in Africa, held from 12 to 16 April 1999 at Grand Bay, Mauritius, also urged all African States to work assiduously towards the elimination of discrimination against women and the abolition of cultural practices that dehumanized or demeaned women and children.

38. Replies emphasized the important role of community and religious leaders in the eradication of harmful traditional and customary practices. Their efforts, and those of non-governmental organizations, in education and advocacy remained key to addressing such practices.

39. Research activities at the national and regional levels, the development of national policies, and the establishment and/or strengthening of a national monitoring and implementation mechanism needed to be undertaken. Adoption and implementation of effective legal measures for the elimination of all forms of harmful traditional practices were crucial to the creation of a conducive environment. Information on such legal measures must be accessible to a broad range of people and disseminated on a wide scale. Advocacy and education efforts through public

information campaigns and development of appropriate training and education materials were also crucial. Furthermore, where harmful practices formed part of a ritual ceremony or rite of passage, it was effective to explore alternatives through consultations with all of the members of a community, including women and girls, religious and cultural groups and their leaders. The sensitization of excisers and defenders of harmful traditional practices needed to be intensified at the community and national levels. Alternative means of income for excisers should also be explored.

Notes

[1] Replies were received from Belize, Canada, El Salvador, Georgia, Hungary, Jamaica, Mauritius, Mexico, Netherlands, Oman, Paraguay, Philippines, Saudi Arabia, Spain, Suriname, Syrian Arab Republic, Trinidad and Tobago, Turkey, United Arab Emirates, United Republic of Tanzania, the Economic Commission for Africa (ECA), the Economic Commission for Latin America and the Caribbean (ECLAC), UNFPA, UNICEF, and WHO. One non-governmental organization, the Center for Reproductive Law and Policy, also submitted information.

[2] *Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annexes I and II.

[3] Burkina Faso, Central African Republic, Djibouti, Ghana, Guinea, Senegal, Togo, Côte d'Ivoire, Egypt and United Republic of Tanzania.

[4] See *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.7), chap. I, resolution 1, annex.

[5] A/S-21/5/Add.1.

[6] Ibid., para. 42.

[7] Ibid., para. 48.

[8] *Official Records of the Economic and Social Council, 1999, Supplement No. 7* (E/1999/27).

[9] Ibid., *Supplement No. 3* (E/1999/23 (Part I)).

[10] Formerly known as the Sub-Commission on Prevention of Discrimination and Protection of Minorities. See E/CN.4/1999/104.

[11] E/CN.4/Sub.2/1999/L.10/Add.7.

[12] E/CN.4/Sub.2/1999/14.

[13] Ibid., annex.

[14] E/CN.4/Sub.2/1999/14, para. 78.

[15] Ibid., para. 80.

[16] E/CN.4/1999/68/Add.4.

[17] See General Assembly resolution 34/180.

[18] See General Assembly resolution 44/25.

[19] See General Assembly resolution 2263 (XXII).

[20] *Official Records of the General Assembly, Fifty-fourth Session, Supplement No. 38* (A/54/38), part I, chap. I, sect. A.

[21] Ibid., chap. IV, para. 299.

[22] Ibid., part II.